

CLASS C REINSTATEMENT FORM

224863

File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199 <i>2005-334-T</i>	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
---	--

DATE: July 16, 2010

Please consider this an application for Reinstatement of my:

- ☒ Taxi Certificate Number 7623
☐ Charter Certificate Number _____
☐ Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____

RECEIVED

JUL 16 2010

PSC SC
CLERK'S OFFICE

My certificate was revoked/cancelled on 11/9/2009 because Failure to provide
(DATE)
proof of vehicle insurance (Form E)

I am seeking reinstatement because I have all of the needed forms

Hillcrest Taxi LLC
(Name of Company)

DBA James Pough Sr.
(if applicable)

1391 Ridgewood Drive
(Street Address)

(Mailing Address if different from Street Address)

Orangeburg, SC 29118
(City, State, Zip Code)

James Pough Sr. / LMS
(Signature)

(803) 534-9099
(Telephone Number)

President
(Title) Owner, President, etc.

=== COVER PAGE ===

TO: _____

FROM: HILLCRESTTAXI

FAX: 8035345899

TEL: 8035349099

COMMENT: CONFIDENTIAL